X/6	POSITION		INITIALS	ID NO.	DATE	
V 0			- All	(986)	89	
	FEE DETERMINAT				114/10	
	Q.I.P.E. CLASSIFIER FORMALITY REVIEW		Ut.	503 511	09/19/00	
/ 1	RESPONSE FORM	ALITY REVIEW		<u></u>		
-lut	MONES! GIRGE! GIR					]
10%			INDEX OF C	AIMC		
	<. W		INDEX OF C	N	Non-elected	
1			Rejected Allowed	1	Interference	
//0//	_	(Through numeral)	Canceled	Α	Appeal	
	÷		Restricted	0	Objected	
	Claim Date	,	Claim D	ate	Claim Date	
			lag l		l lag	
	Final Original 9/02		Original		Final	
	- N N N		51		101	
	2 1 1		52 53		102	1-1-1
	3 4	<del>╶┤╎╌╎╌</del> ┤╴├	54	<del>               </del>	104	
	5		55		106	444
	6		56	++++	107	
		<del>- - - - - </del> - - - - - - - - - - - - - -	58		108	
٠	9		59	<del>                                     </del>	109	
	10 % 6	<del></del>	60		111	
	12 /		62		112	
	13 V		63 64	++++	113	+++
			65		115	
	16 /		66	<del></del>	116	
	17 0		68		118	
`	19		69		119	
	20		70 71		120	+++
	21 22 2	<del>                                     </del>	72		122	
	23		73		123	
	24 /		74		125	
	25		76		126	
	27		77 78		127	+++
	28		79		129	
	30		80		130	++++
	31 32		81 82		132	
	33		83		133	
	34		84		134	$\dashv \dashv \dashv$
	35 36	<del>                                     </del>	86		136	
	37		87		137	
	38	<del>                                     </del>	88	<del>┤┥┦</del> ┥┤┧	138	
	39 40		90		140	
	41		91		141	
	42		92		143	
	43 44	++++	94		144	
	45		95		145	<del>                                     </del>
	46	+	96	- - - - - - - - - - - - - - - - - - - -	147	
	48		98		148	<del></del>
	49	4-1-1-1-1	99	<del>┞╸╏╸╏╸╏╸╏╸</del> ┦	149	

ISSUE SLIP STAPLE AREA (for additional cross references)

If more than 150 claims or 10 actions staple additional sheet here

BEST AVAILABLE COPY